



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6481

|                                    |  |                     |                               |  |
|------------------------------------|--|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>08/486,258 | <b>FILING OR 371(c) DATE</b><br>06/07/1995<br><b>RULE</b> 1.60 | <b>CLASS</b><br>725 | <b>GROUP ART UNIT</b><br>2600 | <b>ATTORNEY DOCKET NO.</b><br>5634.361 |
|------------------------------------|--|---------------------|-------------------------------|--|

**APPLICANTS**

JOHN C. HARVEY, NEW YORK, NY;  
 JAMES W. CUDDIHY, NEW YORK, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 08/113,329 08/30/1993  
 which is a CON of 08/056,501 05/03/1993 PAT 5,335,277  
 which is a CON of 07/849,226 03/10/1992 PAT 5,233,654  
 which is a CON of 07/588,126 09/25/1990 PAT 5,109,414  
 which is a CON of 07/096,096 09/11/1987 PAT 4,965,825  
 which is a CIP of 06/829,531 02/14/1986 PAT 4,704,725  
 which is a CON of 06/317,510 11/03/1981 PAT 4,694,490

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 02/08/1996**

|  |                               |                             |                          |                                |
|--|-------------------------------|-----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>22 | <b>TOTAL CLAIMS</b><br>1 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                          |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                               |                             |                          |                                |

**ADDRESS**

70813

**TITLE**

SIGNAL PROCESSING APPARATUS AND METHODS

|                                     |   |   |
|-------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>11211 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------------|---|---|